



UNIVERSITY OF WASHINGTON  
STD Prevention  
Training Center

# Taking a Sexual History & Behavioral STD Risk Assessment

Christine Johnston, MD, MPH

*University of Washington  
UW STD Prevention Training Center*

# Objectives

---

- Identify barriers to obtaining sexual history
- Explain the importance of sexual history taking in the medical interview
- Identify behaviors that put patients at higher risk of HIV/STD
- List 5 key components of a routine sexual history
- Discuss “safer sex” interventions

Have you ever been asked to provide a detailed sexual history during your visits to the doctor?

A) Yes

B) No

C) Cannot recall

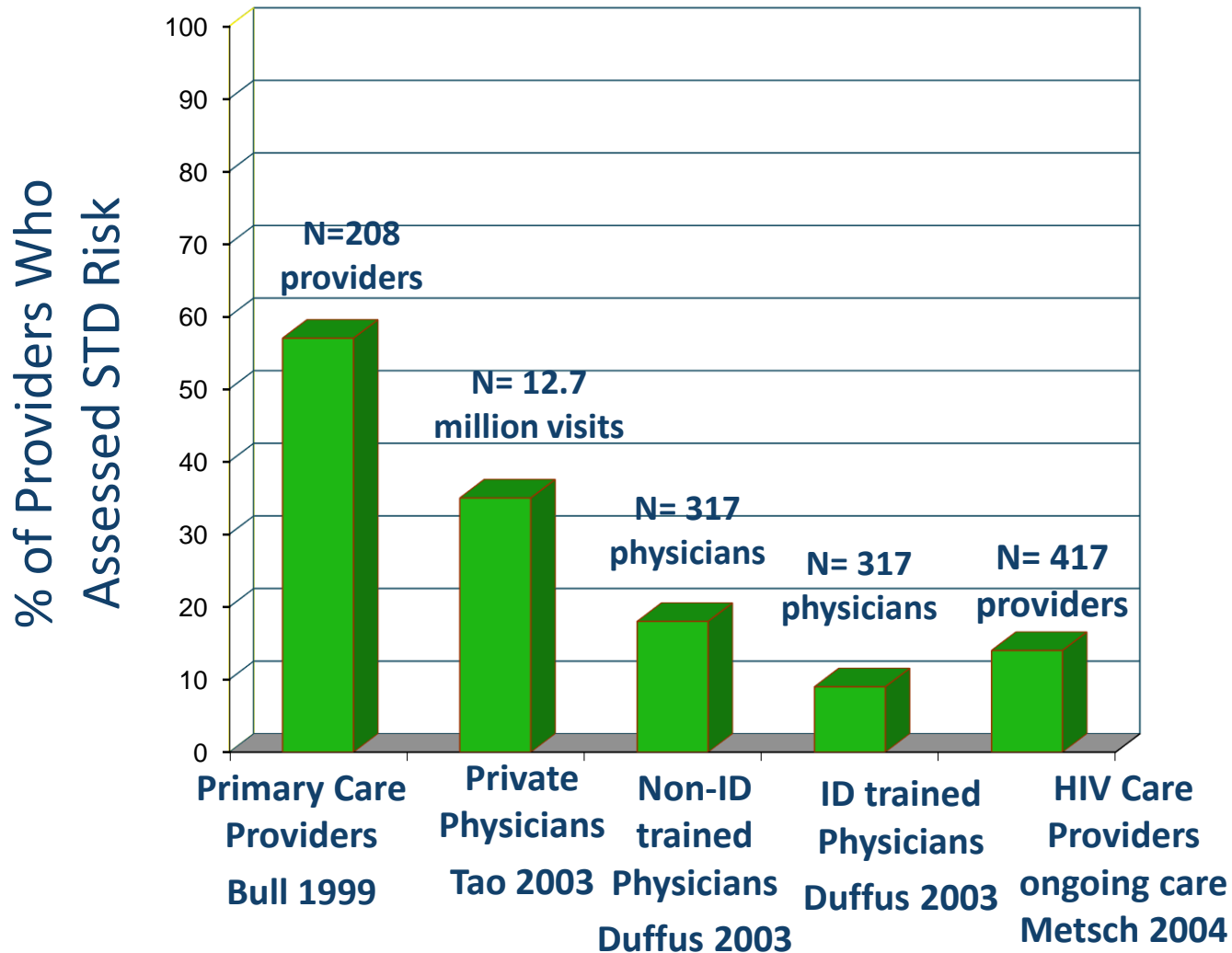
# Are We Doing Sexual Histories?

- Fewer than half of physicians report taking a sexual history from their patients
  - 40% of MDs screened adolescents for sexual activity
  - 15-40% asked questions of adult patients about # and gender of partners and condom use
- Kaiser Family Foundation patient survey
  - 12% were asked about STDs
  - 83% patients felt STDs should be discussed at a first-time Ob/Gyn visit

# Why taking a good sexual history matters?

- >19 million STDs in U.S. annually
  - **Nearly 2.3 million cases of chlamydia, gonorrhea, and syphilis were diagnosed in the United States in 2017**
  - Surpassed 2016 by >200,000 cases. The fourth consecutive year of sharp increases in these STDs
- Health consequences of untreated STDs
  - Women's reproductive health
  - Infant mortality/morbidity
  - HIV transmission: identifying people who would benefit from HIV pre-exposure prophylaxis (PrEP)
- Health care cost
  - \$15.6 billion

# Do Providers Ask About Risk?



# How do you rate your sexual history taking skills?

A)

Exemplary

B) Excellent

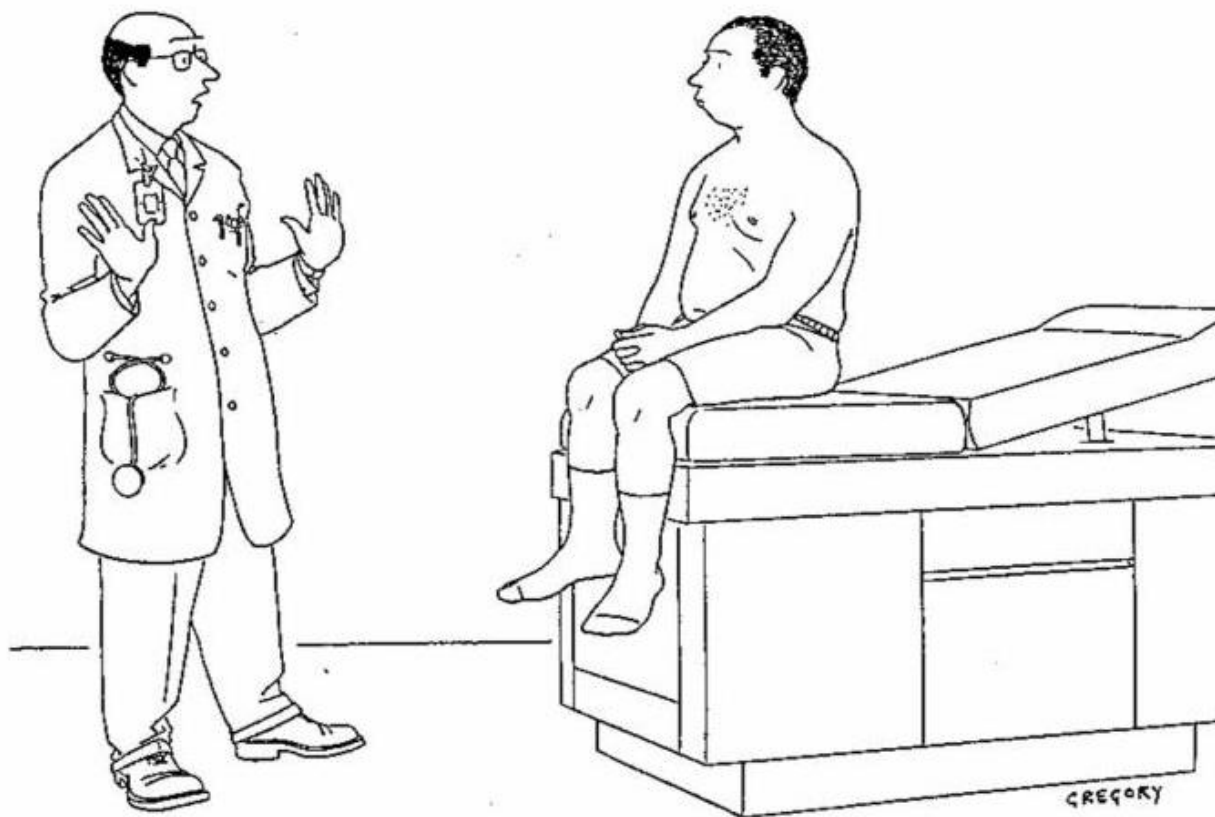
C) Good

D) Poor

# Barriers to Sexual History Taking

- Structural barriers
  - (time/reimbursement concerns)
- Patient barriers
  - (privacy/confidentiality concerns)
- Provider barriers





*"Whoa—way too much information."*

# Provider Barriers

- Provider discomfort discussing sexual issues/health
- Personal bias/judgment
- Inadequate training
- Unfamiliar with content or language
- Perceived complexity of the sexual history
- Low priority given to STD prevention
  - Acute vs. preventive role perception
  - Low priority given to sexual health issues
  - Devaluation of behavioral interventions

# What is your comfort level?

- Realize that your patients are vulnerable
- Understand that you are asking intimate questions
- Assess your own biases, misconceptions
- What is your tone?
  - Neutral – “Tell me about...”
  - Professional – “I ask this of all patients”
  - Calm
  - Judgmental – “You had HOW many partners?”
  - Shaming – “Stop misbehaving”

# Sexual Health Models for STD/HIV Prevention

## Disease Model

- Disease – To be avoided
- STD/HIV
  - Consequence of socially unacceptable behavior
    - Embarrassment
    - Stigmatizing
- Control Requires:
  - Testing
  - Treatment
  - Partner notification

## Sexual Health Model

- Health = basic human right
- Sexual Health – Component of health
- STDs – threats to sexual health acquired in the course of sexual activity
- Health Preservation Through
  - Education
  - Vaccination
  - Testing (Screening)
  - Treatment
  - Communication between partners

# When to obtain a sexual history?

---

- During initial visit
- During routine preventive exams
- When signs of STI are present

# When NOT to obtain a sexual history

- When others are in the room
  - Obtain permission from patient or ask others to leave
- During the physical exam
- When discussing recommendations that do not depend on sexual risk (vaccines)

# General Considerations for Taking a Sexual History

- Make no assumptions
  - Ask all patient about gender (female, male, transgender, gender queer or nonbinary) and number of partners
  - Ask about specific sexual practices
    - Vaginal, anal and oral sex
- Be clear
  - Avoid medical jargon
  - Restate and expand

# General Considerations for Taking a Sexual History

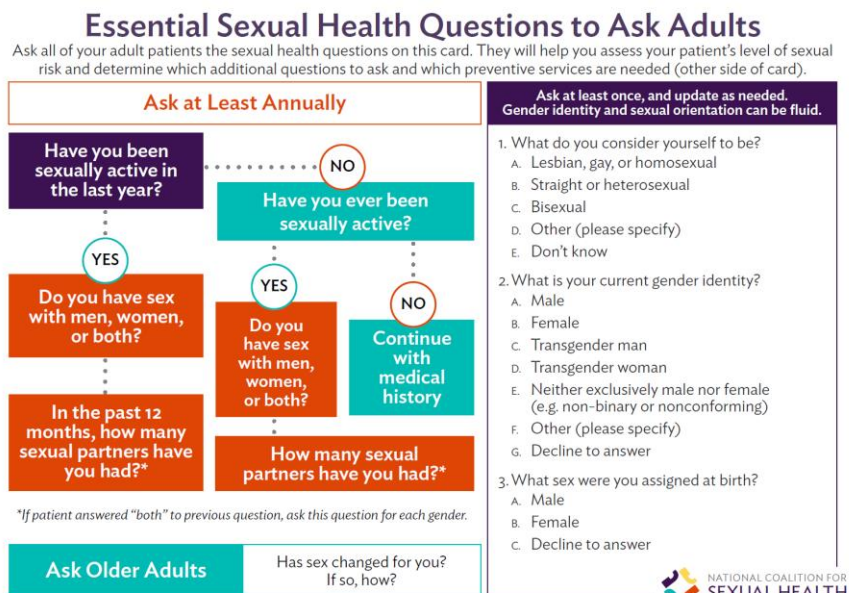
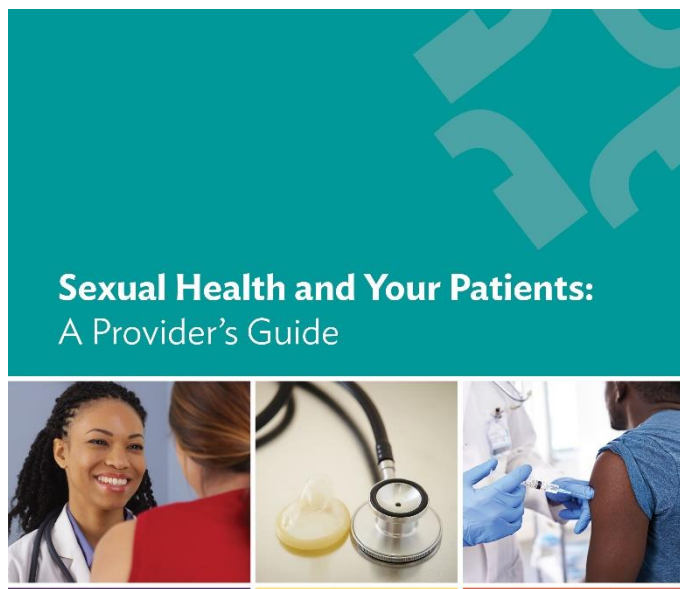
- Be tactful and respectful
  - Use accepting, permission-giving language and cues
- Be non-judgmental
  - Recognize patient anxiety
  - Recognize our own biases
  - Avoid value-laden language
    - (“You should..”, “Why didn't you..”, “I think you..”)



# How to start

- Make your patient comfortable
  - Establish rapport
  - Let them know that the sexual history is a routine part of the history
  - Explain how the sexual history will improve their medical care
  - Let them know their responses are confidential
  - Provide a non-judgmental environment
    - Don't assume

# Resources for taking a sexual history: National Coalition for Sexual Health



## Example: CDC guide to taking a sexual history

---

“I am going to ask you a few questions about your sexual health and sexual practices. I understand that these questions are very personal, but they are important for your overall health.”

“Now I’m going to ask you some questions about your sex life.”

# What to ask...The 5 “Ps”

- Partners ←
- Practices
- Protection for STI ←
- Past history of STI
- Prevention of pregnancy

Source: CDC guide to taking a sexual history

# Partners

## Who and how many?

- Ask about gender of partners
  - Example:
    - Do you have sex with men, women, transgender persons or nonbinary?
    - Do your partners have penises or vaginas?

# Problematic ways to ask about sex partner gender

- How long have you been sexually active with your girlfriend?
  - Don't make assumptions
- Are you gay, straight, or bi?
  - Sexual orientation  $\neq$  sexual partners
- Are you attracted to men, women, or both
  - Doesn't provide the information you need

# Partners

Goal: Assess risk for STI/HIV

- “Are you currently sexually active? (Are you having sex?)” – or-
  - When is the last time you had sex (of any kind)
- “Have you ever been sexually active?”
- “In the past 2 months, how many sex partners have you had?”
  - Most relevant timing for STI risk
- “In the past 12 months, how many sex partners have you had?”
  - May provide insight into risk for HIV, HSV-2

# Partners

---

“Do you think any of your partners were having sex with someone else while they were in a sexual relationship with you?”



# Practices

GOAL: Determine at risk areas for STI which should be tested

- Extragenital testing recommended for MSM
  - Test based on exposure
  - Oral, anal, genital
- Women reporting increased anal sex, although no current recommendations to screen for women

# Practices - other

GOAL: Determine risk behavior for HIV acquisition

- Concurrent drugs/alcohol
- Transactional sex
  - “Have you ever paid or gotten paid for sex?”
  - “Have you ever traded drugs or money from sex?”

# Practices

- “What kind of sexual contact do you have or have you had?”
  - Genital (penis in the vagina)?
  - Anal (penis in the anus)?
  - Oral (mouth on penis, vagina, or anus)?
  - Sex toys – do you share?
- Answers will guide what extragenital testing is required

# Protection

GOAL: Assess patient's perception of risk and educate about risk reduction

“Do you and your partner(s) use any protection against STDs?”

- If not, could you tell me the reason?
- If so, what kind of protection do you use?
- How often do you use this protection?
  - If “sometimes,” in what situations or with whom do you use protection?

# Protection

---

- “Do you talk to your partners about their STD status?”
- “Do you talk to your partners about their HIV status?”
- May be an opportunity to talk about strategies for disclosure

# Motivating Condom Use

- Clinically determine how much risk reduction counseling is needed
- Tell me what steps you plan to take to make it easier to use condoms?
- Tell me about the times you have been successful using condoms?
- What situations made it easier to use condoms?

# Motivating Condom Use

- What situations have made it difficult for you to use condoms?
- How can you change these situations so you will succeed most of the time?

# Past history of STI

- “Have you ever been diagnosed with an STD? When? How were you treated?”
- “Have you had any recurring symptoms or diagnoses?”
- “Have you ever been tested for HIV, or other STDs? Would you like to be tested?”
- “Has your current partner or any former partners ever been diagnosed or treated for an STD?”
- “Were you tested for the same STD(s)? If yes, when were you tested? What was the diagnosis? How was it treated?”



# Pregnancy: sample questions

- “Are you currently trying to conceive or father a child?”
- “Are you concerned about getting pregnant or getting your partner pregnant?”
- “Are you using contraception or practicing any form of birth control? Do you need any information on birth control?”

# Don't close the door!

- You may have provided a safe space for patients to bring up issues they were not comfortable with before
  - “What other things about your sexual health and sexual practices should we discuss to help ensure your good health?”
  - “What other questions would you like to discuss?”

# The 6th “P”: Prevention

---

- Have you been vaccinated for Hep A and Hep B?
- Have you been vaccinated for HPV?
- Are you interested in learning more about PrEP?

# Populations

- Adolescents
- Transgender
- Cultural competency
- Know your population



THE FENWAY INSTITUTE

The Fenway Institute at Fenway Health works to make life healthier for those who are lesbian, gay, bisexual, and transgender (LGBT), people living with HIV/AIDS, and the larger community. We do this through research and evaluation, education and training, and public health advocacy.



Centers for Disease Control and Prevention  
CDC 24/7: Saving Lives, Protecting People™

## Sexually Transmitted Diseases

Adolescents and Young Adults

Working together to improve health care quality, outcomes, and affordability in Washington State.

**LGBTQ Health Care Report and Recommendations**

# Practice Interviews

- Find a partner
- Assume you have established rapport
- Start with basics:
  - Partners
  - Practices
  - Protection
  - Past STI
  - Pregnancy

# Practice interview #1

## Patient: Man or Woman

---

- Sex with men
- 6 partners in past 2 months
- Occasional condom use with 5 partners, none with regular partner
- Oral, anal sex
- Past history of chlamydia

# Practice interview #2:

## Patient: Man or Woman

---

- Sex with men and women
- 3 partners in last 2 months (1 man, 1 transgender woman, 1 woman)
  - Male partner has other male partners
- 6 partners past year
- Oral, insertive/receptive anal, vaginal sex
- No condom use
- Past history of syphilis
- Does not desire pregnancy

# How do you rate your sexual history taking skills?

- A)  
Exemplary
- B) Excellent
- C) Good
- D) Poor



# Resources

- National Coalition for Sexual Health: A Provider's Guide
  - [www.ncshguide.org/providers](http://www.ncshguide.org/providers)
- CDC
  - “A guide to taking a sexual history”
    - <http://www.cdc.gov/std/treatment/SexualHistory.pdf>



UNIVERSITY OF WASHINGTON  
STD Prevention  
Training Center

***Thanks to:***

*Julie Dombrowski*

*Jennifer Vanderleest*

*Hillary Liss*

*Ned Hook*